

#### NAVAL MEDICAL CLINIC ANNAPOLIS

# CLINIC CRIER

Homepage - http://nmclanna.med.navy.mil

WINNER OF THE 1999 MHS CUSTOMER SATISFACTION AWARD



250 Wood Road, Annapolis, MD 21402-5050

#### Volume 2Issue 1 JANUARY 2001

### INSIDE THIS ISSUE:

Recycling in the 21st Century	2
Asthma & Exercise	2
Are We JCAHO Ready?	2
CMC's Corner	3
PCC "Theme Tree"	3
Career Counselor's Corner	4

## SPECIAL POINTS OF INTEREST:

Happenings, Kudos, etc..

Prime enrollment - 11659

PCC - 3675

Pediatrics - 1063

Mil Med - 6831

## Coming Soon!

#### **JANUARY 2001**

15	Martin Luther King Jr.'s
	Birthday - Fed. Holiday

- 17 Navy Basketball NAAA Appreciation
- 26 Proud to be an American Celebration

#### FEBRUARY 2001

24 Navy Basketball NAAA Appreciation Night



## From the Commanding Officer: CAPT Kathleen D. Morrison, MSC, USN

Happy New Year NMCLA Family,

The New Millennium has arrived. We reflect with pride on the successful year 2000 and await the busy year ahead of us. Thanks to each of you for the support you have given to me and the command-you are setting the standard for quality health care delivery and I am honored to serve with you. Remember, there is no problemfree environment; we need your leadership to be part of problem resolution. It is important that we value each other and accept our differences so we get the BEST product possible. Solving our challenges gets everyone involved! So we're going to move forward together. We're all in this as a group. We can work together to accomplish our mission. Over the coming year, each of you will have clinical and leadership opportunities that will stretch you and add to your professional development.

Extraordinary Customer Service takes extra time, patience, leadership and enthusiasm. Patients and staff let me know how many of you always go the extra mile whether it be a friendly assist in the hallway or resolving a complicated health care issue after hours. As health care professionals, it is important that we never lose our sensitivity and ability to listen to the

patients. Each of us has some responsibility for the command's image; every single encounter with a patient, with family member, or with staff can affect how we are perceived. Thanks-isn't it great to have people talk about you and your positive service? ©

USNA's Mission is to develop midshipmen morally, mentally and physically. Our health care delivery processes and systems support this by ensuring the midshipmen has maximum time in the academic and training environment.

Mrs. Carol Grady has accepted the Command Ombudsman position. Although new to the Navy, it is readily apparent that she understands the PEOPLE part of the military life. Welcome, Carol and thanks for sharing your time and talent with the NMCLA Family.

Blessings for a healthy and successful New Year!

CO

Karen Coffman currently serves as the Head, Managed Care Department and Command Patient Relations Representative. These are two equally challeng-

#### in the SPOTLIGHT

ing responsibilities for our clinic since we transitioned into the TRICARE concept in 1998. Karen and her able team are the "go to" people who have made a difference as we progressed into the managed care concept. She strongly believes that with persistent, timely and accurate patient and staff education and training, this concept is becoming a reality and has become part of our day-to-day business. She continues to be proactive and a strong proponent of TRICARE and the managed care concept, while the command provides first rate patient care on a focused patient care population: Brigade of Midshipmen, active duty members and their family members, and the retiree population and their family members. As Patient Relations Coordinator, she has noted an increased focus on customer service. As a testimonial, we were awarded the 1999 MHS Customer Satisfaction Award. She attributes a lot of our customer service successes to her staff and the entire clinic. Karen has been in the federal service for about 25 years. She has previously worked for the Department of Agriculture in Washington, DC, then spent two years at the U.S. Naval Academy before reporting to us spending the last ten years at the Naval Medical Clinic Annapolis. Karen and her husband, Jerry have two children Andrew, 16 years old and Danny, 13 years. Both boys enjoy lacrosse; Andrew is a member of the cross country and swim team while Danny plays basketball and soccer. When Karen is not busy running around with her boys from one game to another, she's at home in her kitchen trying new recipes. Another great cook!

#### **Asthma and Exercise**

If you have asthma, and one of your New Year's resolutions is to get "out" and exercise, be careful on frigid, winter days. Those with asthma face a greater risk of having an attack during cold weather and often are left breathless or pay a visit to the local emergency room.

Cold, dry air triggers bronchial spasms, so check with your medical provider before beginning an exercise program outdoors. If cleared medically remember to:

- Use your inhaler prior to heading out to exercise.
- Drink water, water, water.
- Dress in wind and waterproof layers.
- Wrap a scarf around your mouth and nose to warm the air you inhale.
- DO NOT workout outdoors if your asthma has flared up.
- Swimming, because of the warm, moist air is an excellent sport for persons with asthma.
- Try the Fitness Center at the Naval Station or take a walk in the Annapolis Mall.

Susan Hennessy, BSN,RN, MHA Health Promotion Coordinator



#### Ms. Eva Miller, PI Officer

This is #6 of the JCAHO standards and the next six chapters will take us into what the JCAHO refers to as "Organization Functions". This chapter is **Improving Organization Performance** and addresses the processes our organization has in place to improve care and patient health outcomes.

- 1. How well do we do at **design?** Do we evaluate new facilities, systems, or services that meet patient and staff needs and do they meet national guidelines? Do we measure how well we meet those needs?
- 2. How are we at **data collection?** The JCAHO will evaluate our efforts of determining how well we perform patient care processes by collecting data about patient outcomes.
- 3. How are we at **data aggregation and analysis?** Do we identify opportunities for improvement and use statistical tools

#### RECYCLING IN THE 21<sup>ST</sup> CENTURY Ms. Michelle Smith

Naval Medical Clinic spearheads the Annapolis Area Complex Model Program for recycling. There were several hurdles to climb and after a couple of years of painstaking preparation, our command is now 100% able and ready to embrace the recycling program. It won't be hard to "get with" recycling, you are already recycling on a smaller scale. We're going to "kick up the pace" to 100%! BAM! The level of recycling you perform is placing soda cans, paper, and shredded paper in specific containers for pickup by our custodial crew.

Well, here is the "system" of recycling, with no extra work on your part.

- 1. Blue & gold plastic mini-bins (with plastic liners and ties) will be used to place your candy wrappers and candy foil or apple cores in. You will empty the mini-bin as needed to your large department recycle bin.
- 2. White & blue desktop cardboard bins will be used to hold your recyclable paper. The labels on the sides have been updated for your convenience. Empty your paper bins to your large department paper recycle bin.
- 3. Soda cans, glass, and plastic containers will be disposed of separately in another recycle bin centrally located in the department.

You can't imagine the savings we will

accumulate with the switch to 100% recycling! First, we saved \$25,360 on the cost of the mini bins, desktop paper bins, recycle

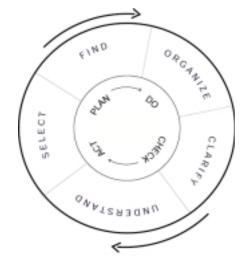


bins (4 portal) and the Pro-tainer (large blue outdoor recycle container). Also, we will save approximately \$17,091 for services from the custodial and trash contracts. One big change will be trash pickup, which will be three times a week from the recycle bins in each department. Our dollar savings was changing from personal trash receptacles to the large recycle bin for each department.

The only item not recyclable is the waxed paper from the exam and treatment rooms. We are still working this issue so someday we will recycle that paper, too. We will still have the "red bag" waste; procedures will not change for this.

The proceeds from recycling are redistributed to: public awareness programs, recycling supplies, maintenance of recycling equipment, and training.

By February 2001, we will be a 100% recycling team. Let's keep NMCL as a model program for the complex and lead in recycling for the 21<sup>st</sup> century!



(line charts, control charts, bar graphs, etc)?

4. How are we at **performance improve- ment?** Have we improved the priority care processes and looked at the effectiveness of those improvements? Have we been able to sustain improvements over time?

The goal of this function is for the organization to design processes well and then monitor, analyze, and improve its performance to improve patient outcome. The value in health care is the balance between

good outcomes, excellent care and services, and cost. How well we balance outcomes, care and cost affects the quality and value of our services.

Some questions to help you test your readiness in Improving Organization performance:

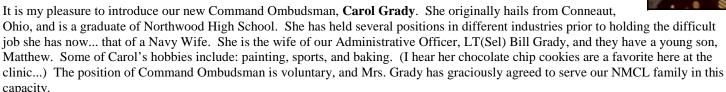
- What performance improvement activities have you done in your department?
- How did you decide what areas to improve?
- What improvements resulted?
- Were you able to accomplish what you attempted to do?
- What did you measure and how much did it improve?
- What data did you collect?
- Were you able to maintain the improvement?
- Who did you educate about the improvement?
- What approach or model of performance improvement does the command use?

Performance is *what* is done and *how well* it is done to provide health care. Our responsibility is to know the process on how it gets done and then evaluate it to see if it can be improved. Are we ready to show that?



## COMMAND MASTER CHIEF'S CORNER HMCM(AW/SW/NAC) RONALD RANG, USN

#### **NEW COMMAND OMBUDSMAN**



An Ombudsman is a special assistant to the Commanding Officer, and acts as a liaison between the service member's family and the command. In the case of deployments, such as the USNS COMFORT, the Ombudsman communicates information to and from the family members concerning the deployment, community resources, and the Spouse Club or family member activities. The Ombudsman also assists newly reporting families by providing information about their new command and surroundings. The Ombudsman meets with, and briefs the Commanding Officer at least once a month. All questions, comments, or concerns are held in the strictest of confidence as defined within the guidelines of The Navy Family Ombudsman Instruction (OPNAVINST 1750.1D).

As Ombudsman, Mrs. Grady is excited and eager to help our Navy family in any way that she can, and she looks forward to any challenges that may lie ahead. Please do not hesitate to contact her if you require assistance. Her home phone number is (410) 267-6015, and there is an answering machine if she is out. She is available 24 hours a day for emergencies.

Have you visited the Primary Care Clinic (PCC) in the last two weeks? There is a significant item missing which used to highlight the reception/ waiting area. To celebrate the Millen-

nium, Ms. Marianne Phillips and the entire staff cooked up this idea of putting up a "theme tree" to welcome January 2000 with bang! February came and Ms. Phillips got more excited and she decorated the tree with little and big hearts, and Cupid with his bow and arrows for Valentine's Day. Dr. Moscola got challenged in March, and she changed the hearts and bows and arrows to a St. Patrick's Day theme. Easter came and Cynthia Bornemann got the bigger challenge of making up bunnies and easter eggs to dress it up. Anne Dernoga took another challenge for May Day with May pole and basket of flowers. Again, Ms. Phillips remembered Graduation Day in June with little diplomas and caps of all colors and sizes. Pam was ever ready with her little flags and banners for the 4th of July. August was "beach time and summer fun." But did we really have a summer? Ms. Weaver thought we did. Dr. Yarborough wanted to bring the beautiful Autumn colors into the clinic and so she did with the splendid changing colors of leaves. Goblins, spooks, and pumpkins of all sizes took over the changing col-

# Primary Care Clinic "Theme Tree"

ors as Ms.
Phillips tried
to put on her
Halloween
costume in

October. Thanksgiving rolled in and Ms. Weaver brought in the turkeys and pumpkins to usher in the start of the holidays. The year wouldn't be complete without the most awaited Christmas. Ms. Phillips reported to work one December morning to find all the decorations concentrated at the bottom of the tree. This Christmas tree was initially decorated by two little girls who were in the waiting room with their parents. The staff



completed the Christmas tree decoration you see in this picture with a little help from our patients and visitors. The PCC "theme tree" became an interesting focal point and a source of conversation for patients and visitors. KUDOS and THANK YOU to all the PCC staff for your concerted effort! Your collective ingenuity and resourcefulness has made a difference.





Promoted at a ceremony by the CO, Captain Morrison and CMC, HMCM Rang are (L-R) HM1 Ayala, HM2 Stubbs, HM2 Pritchard, HM3 Boldt, HM3 Johnson, HM3 Boyer, & HM3 Rose.









LTJG T. Hayden - MilMed





The CO reenlisted HM2 Hefty for 3 more years on 10 JAN 01.



**OMBUDSMAN** Welcome Aboard!



LT Wang promoted to her present rank by the CO and LT Seymour.





NMCL Annapolis and our Red Cross Volunteers celebrated the holidays with a luncheon on 5 December 2000. Thank you all!



# NMCL ANNAPOLIS

HMC Priscila D. Fabian, USN

Hometown Assistance Recruiting Program (HARP) returns enlisted personnel to their hometown for a 12-day calendar period to assist local recruiters by relating their Navy experience to their peers. Participants visit high schools, prior places of

employment, and community locations where peers gather, to discuss Navy opportunities while wearing the uniform of the day. Members who participate in the program may do so either on permissive, no-cost temporary additional duty (TAD) orders, "BLUEJACKET HARP" for first termers, or while on leave in conjunction with permanent change of station orders. For more information on eligibility requirements and processing procedures, refer to BUPERSINST 110.1, NAVADMIN 003/00 ("Bluejacket Harp" Recruiting Initiative), or ask your Directorate Counselors/Command Career Counselor. Next issue: Officer Hometown Area Recruiting Program (OHARP). MY FAVORITE WEBSITE: http://www.advancement.cnet.navy.mil.